NEW MEXICO DEPARTMENT OF HEALTH

REGISTRATION FORM – HOME AND COMMUNITY BASED WAIVERS AND INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Date of Registration:	*For official use only*	
Waiver or ICF/IID Options *(check all that apply)* ☐ Developmental Disabilities (DD) or Mi Via Waivers ☐ Medically Fragile Waiver ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	*DDSD staff entering registration in CR:* *Region:* ☐METRO ☐NERO ☐SERO ☐NWRO ☐SWRO	date stamp

APPLICANT INFORMATION				SEX	*Date of Birth*
Name – Last	*First*	*Middle Initial*		☐ M ☐ F	*Social Security Number*
Street Address	*City*	*State*	*Zip Code*		*Telephone Number*
Mailing Address (if different from street address)	*City*	*State*	*Zip Code*		*County Residence*
County in which services are requested (if different from residence)			*Tribal Census Number (if applicable):*		
First time applying? ☐ Yes ☐ No ☐ Don't know	Currently receiving Medicaid? ☐ Yes ☐ No		Currently receiving SSI/SSDI? ☐ Yes ☐ No		
Developmental Disability and age of onset	*Name and relationship of individual submitting registration form*				

1. LEGAL REPRESENTATIVE INFORMATION*	☐ Parent ☐ Legal Guardian ☐ Power of Attorney ☐ Agency
*Anyone other than the parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.	
Name – Last *First*	*Agency Name (if corporate guardian)*
Street Address *City* *State* *Zip Code*	*Primary Telephone Number*
Mailing Address (if different from street address) *City* *State* *Zip Code*	*Other Number*

2. AUTHORIZED REPRESENTATIVE OR ALTERNATIVE CONTACT*	*Please ensure that an Authorization for Release of Information is provided for this person.
Name – Last *First*	*Relationship to applicant:*
Street Address *City* *State* *Zip Code*	*Primary Telephone Number*
Mailing Address (if different from street address) *City* *State* *Zip Code*	*Other Number*

Si necesita ayuda o información en español, por favor llámenos al numero 1-800-283-5548.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in registration or services, please call us at 800-283-5548 or, through the New Mexico Relay System TDD, at 1-800-659-8331.